



Form # 0188-QMQ
Rev. 07/03

South Florida Water Management District
Water Use Limiting Condition Compliance Report
Quarterly Report of Withdrawals

This report must be completed and submitted to the District at the address below as required by your permit

Permit Number _____

Issued to _____

Address _____

City, State, Zip _____

Phone / Fax Number _____

E-mail Address _____

This report is for

- ☐ Entire Permit
- ☐ Wellfield (name): _____
- ☐ Treatment Plant (name): _____
- ☐ Other (specify): _____

MILLION GALLONS

Month / Year	Ground Water	Surface Water	Reclaimed Water	Other(Specify) _____

Accounting Method:

- ☐ Flow Meter ☐ Time Clock
- ☐ Other: _____

Date of last calibration as required by your permit: _____

Name of Person Completing Form: _____

Signature: _____ Date: _____

Return To:
South Florida Water Management District
Attn: Water Use Regulation Division (4320)
PO Box 24680
West Palm Beach, FL 33416 - 4680

WUC-DB ID _____